PTO/SB/06 (08-03)

Approved for use through 7/31/2006. OMB 06S1-0032 U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. Application or Dockel Number PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875 OTHER THAN CLAIMS AS FILED - PART I OR SMALL ENTITY SMALL ENTITY (Column 2) (Column 1) RATE NUMBER EXTRA RATE FEE NUMBER FILED FOR 160 BASIC FEE OR (37 CFR 1.16(a)) TOTAL CLAIMS OR minus 20 = (37 CFR 1.16(c)) INDEPENDENT CLAIMS OR X S minus 3 = (37 CFR 1.16(b)) OR MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(d)) TOTAL TOTAL OR If the difference in column 1 is less than zero, enter "0" in column 2. CLAIMS AS AMENDED - PART II OTHER THAN OR (Column 3) SMALL ENTITY SMALL ENTITY (Column 2) (Column 1) HIGHEST CLAIMS RATE ADDI-PRESENT ADDI-RATE REMAINING NUMBER TIONAL **EXTRA** TIONAL PREVIOUSLY **AFTER** ENT FEE FEE PAID FOR AMENDMENT Minus Total ENDMI OR (37 CFR 1.16(c)) Minus Independent (37 CFR 1.16(b)) OR FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d)) OR TOTAL TOTAL OR ADD'L FEE ADD'L FEE (Column 2) (Column 3) (Column 1) HIGHEST CLAIMS ADDI-RATE PRESENT RATE ADDI-NUMBER REMAINING TIONAL TIONAL **EXTRA** PREVIOUSLY **AFTER** ENT FEE FEE AMENDMENT PAID FOR 2 O ENDME Total OR X \$\_ (37 CFR 1.16(c)) Minus OR 0 X \$ FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d)) OR TOTAL TOTAL ADD'L FEE OR ADD'L FEE (Column 3) (Column 1) (Column 2) HIGHEST CLAIMS ADDI-PRESENT ADDI-RATE RATE REMAINING NUMBER TIONAL **EXTRA** TIONAL ENT **AFTER** PREVIOUSLY FEE FEE AMENDMENT PAID FOR Total (37 CFR 1.16(c)) Minus ENDM OR X S X \$ Minus Independent (37 CFR 1.16(b)) OR X S FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d)) OR TOTAL TOTAL ADD'L FEE ADD'L FEE OR If the entry in column 1 is less than the entry in column 2, write "0" in column 3. \*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20". \*\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3". The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

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FORM PTO-879 (Rev. 11/98)

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